

ADULT EDUCATION AND INFORMED DECISION-MAKING IN MEDICAL TOURISM: PERSPECTIVES FROM ADULT EDUCATORS

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Abstract

This study explored the role of adult education in enhancing informed decision-making among medical tourists, with a focus on educators, perspectives in Enugu State, Nigeria. Specifically, the study examines how adult education programs contribute to evaluating medical pathways, improving cross-cultural competencies, and enhancing patient experiences in medical tourism. Three research questions and two hypotheses guided the study. A descriptive survey research design was employed, utilizing a structured questionnaire titled “Role of Adult Education in Enhancing Informed Decision-Making in Medical Tourism Questionnaire” (RAEEIDMTQ) were distributed to a population of 449 adult education facilitators. No sampling was carried out due to the manageable size of the population. The instrument demonstrated a high reliability coefficient of 0.79, indicating strong internal consistency. Data were analyzed using means and standard deviations to address the research questions, while t-test analysis was used to test hypotheses at a 0.05 significance level. Findings reveal that adult education significantly enhances medical tourists’ decision-making by increasing awareness of treatment options, patient rights, financial planning, and post-treatment care. Additionally, adult education fosters cross-cultural competencies by improving communication skills, cultural awareness, and understanding of ethical considerations in foreign healthcare settings. Furthermore, structured educational initiatives enhance the overall patient experience by promoting safety awareness, financial preparedness, and confidence in navigating international healthcare systems. The study identifies challenges such as limited access to structured educational resources and institutional support. The study recommend that governments, educational institutions, and healthcare providers invest in adult education initiatives tailored to medical tourism, ensuring well-informed healthcare choices and improved patient outcomes.

Keywords: Medical tourism, adult education, cross-cultural competence, healthcare systems.

Introduction

Health is a fundamental concern for individuals and societies, often leading people to seek medical treatment beyond their home countries. This phenomenon, known as medical tourism, involves traveling internationally for healthcare services such as specialized treatments, surgeries, and wellness procedures (Bulatovic & Iankova, 2021). Initially regarded as a luxury for the wealthy seeking advanced treatments in developed countries, medical tourism has evolved significantly due to globalization, technological advancements, and the rise of cost-effective treatment options in emerging economies (Maheshwari, Animasahun & Njokanma, 2012). Today, medical tourism is a rapidly growing sector within the global healthcare industry, driven by factors such as cost-effectiveness, shorter waiting times, and access to specialized medical procedures. While the trend historically involved individuals from developing nations traveling to Western countries for healthcare, recent years have witnessed a reversal, with patients from developed nations seeking affordable, high-quality care in destinations such as India,

Thailand, and Malaysia (International Medical Travel Journal, 2019). As medical tourism expands, the need for informed decision-making, cultural adaptation, and enhanced patient experiences has become increasingly critical.

Despite the numerous benefits associated with medical tourism, medical tourists face several challenges, including navigating healthcare options, understanding treatment risks and benefits, overcoming cultural and linguistic barriers, and ensuring post-treatment safety (Lee, 2025). These challenges highlight the crucial role of adult education in medical tourism. Adult education provides individuals with the knowledge and skills necessary to evaluate treatment pathways, understand international healthcare systems, and enhance their overall medical travel experience. Informed decision-making is essential in medical tourism, as patients must evaluate treatment costs, provider credentials, healthcare regulations, and possible health risks before selecting a medical destination. Without adequate information, medical tourists risk making uninformed choices that could lead to complications or dissatisfaction with their treatment (Crooks, Turner, Cohen, Bristair, Snyder, Casey & Whitmore, 2013). Medical tourists often encounter language barriers, different medical ethics, and unfamiliar healthcare protocols, which can impact their ability to communicate effectively and navigate foreign healthcare environments. Adult education programs focusing on cultural awareness, patient rights, and effective communication strategies can equip medical tourists with the skills and knowledge needed to adapt seamlessly to different healthcare systems, engage meaningfully with medical professionals, and reduce anxiety related to cultural differences.

Beyond decision-making and cultural competency, the overall patient experience in medical tourism depends on factors such as hospital accreditation, safety protocols, financial planning, and post-treatment care (Xu, Wang, & Du, 2020). In some cases, medical tourists may fail to fully assess hidden costs such as travel, accommodation, and follow-up treatment, which can affect their satisfaction and financial well-being. Adults make up the majority of those who engage in medical tourism, and adult education serves as a key enabler in ensuring they are well-equipped for their medical journeys. According to Ugwu and Nwankwo (2013), adult education is a deliberate and systematic process that helps individuals acquire essential knowledge, values, attitudes, and skills that can be tailored to their specific needs. Adult education programs can enhance both the knowledge of medical tourists and the expertise of healthcare providers by offering structured learning opportunities that address challenges related to safety, ethics, financial planning, and cultural adaptation. According to Ugwu and Nwankwo (2013), adult education is a deliberate and systematic process that helps individuals acquire essential knowledge, values, attitudes, and skills that can be tailored to their specific needs. To promote the benefits of adult education in medical tourism, various educational strategies can be applied (Ugwu & Nwankwo, 2013). Building on this foundation, it is essential to recognize that while adult education enhances individuals' capacity to make informed healthcare decisions, its effectiveness can be further strengthened by integrating a gender-responsive approach. Although medical tourism offers numerous benefits, experiences and outcomes may differ significantly across gender lines due to variations in health needs, access to resources, caregiving responsibilities, and risk tolerance. For example, women may seek medical tourism for reproductive health, cosmetic procedures, or maternal care, while men may pursue treatments related to cardiovascular or orthopedic issues. Additionally, gender roles and societal norms may influence decision-making power, especially in patriarchal cultures. Research by Crooks et al. (2017) highlights how gender influences medical tourists' expectations and interactions with healthcare providers.

Women often face additional vulnerabilities related to safety, cultural norms, and post-treatment care, especially when traveling alone. Gender-responsive adult education can help bridge these gaps by addressing health literacy from a gender-sensitive perspective.

To effectively respond to these gender-based differences and vulnerabilities, adult education must be delivered through diverse and inclusive strategies that meet the varying needs of medical tourists. Some of these strategies as highlighted by (Ugwu & Nwankwo, 2013) include lifelong education, fundamental education, liberal education, and distance education. Lifelong education ensures that healthcare professionals receive continuous training to stay updated on best practices, industry trends, and emerging medical technologies, thereby improving service quality and patient outcomes. Fundamental education equips medical tourists with essential knowledge about healthcare systems, safety protocols, and cultural expectations, enabling them to make informed decisions and confidently navigate foreign medical environments (Chen & Wilson, 2013). Liberal education plays a crucial role in helping medical tourists understand the ethical, legal, and logistical challenges they may face while seeking treatment abroad, thereby ensuring they can effectively engage with healthcare professionals and protect their rights. Distance education bridges knowledge gaps by utilizing digital platforms, online resources, and informational materials, allowing medical tourists to acquire essential information about healthcare facilities, procedures, and best practices before embarking on their journey (Ashraf & Haya, 2025). As medical tourism expands, the need for informed decision-making, cultural adaptation, and an enhanced patient experience has become increasingly critical. This study examines how adult education can guide medical tourists by promoting informed decision-making, improving cross-cultural competencies, and ensuring a better patient experience in international healthcare settings.

Purpose of the study

The general purpose of the study is to explore how adult education enhances informed decision-making in medical tourism by examining the perspectives of adult educators in Enugu State, Nigeria. Specifically, the study determined: how adult education enhances informed decision-making in evaluating medical pathways for medical tourists

1. how adult education programmes enhance cross-cultural competencies for individuals seeking medical treatment abroad
2. how adult education enhances patient experience in medical tourism

Research Questions

In line with the specific objectives, the following research questions are raised to guide the study:

1. How does adult education enhance informed decision-making in evaluating medical pathways for medical tourists?
2. In what ways do adult education programmes enhance cross-cultural competencies for individuals seeking medical treatment abroad?
3. How does adult education contribute to improving patient experience in medical tourism?

Hypothesis

The following hypotheses were stated and tested at 5 % level of significance:

1. There is no significant difference in the mean ratings of male and female facilitators' perceptions on how adult education enhances informed decision-making in evaluating medical pathways for medical tourists

2. There is no significant difference in the mean ratings of male and female facilitators on how adult education programmes enhance cross-cultural competencies for individuals seeking medical treatment abroad

Methods

The study adopted a descriptive survey research design. Descriptive survey research design according to Obetta and Oreh (2017) focuses on people and their beliefs, opinions, attitudes, motivations and behaviour about a phenomenon. This study was carried out in Enugu State, Nigeria. Four hundred and forty-nine (449) facilitators consisting of 161 males and 288 females make up the population for the study. There was no sampling since the population is of manageable size. A structured questionnaire titled “Role of Adult Education in Enhancing Informed Decision-Making in Medical Tourism Questionnaire” (RAEEIDMTQ) was used for data collection. The questionnaire comprised two sections: I and II. The respondents' personal information was supplied in Section I, while the objectives and research questions were divided into three clusters in Section II. Responses to the questionnaire items were based on a four-point Likert type rating scale, with Very Great Extent (VGE) (4 points), Great Extent (GE) (3 points), Low Extent (LE) (2 points), and Very Low Extent (VLE) (1 point). The instrument was face validated by three experts. To ensure the reliability of the instruments, a pilot study was carried out using 30 respondents in Anambra State, Nigeria. The instrument was subjected to a reliability analysis using Cronbach alpha. The internal consistency of the instrument was determined for clusters A, B and C comprising of 21 items in all. A reliability coefficient of 0.79 was determined which indicated very high reliability of the instrument. The researcher and one research assistant distributed and collected the questionnaire from the respondents at their respective adult literacy centers in Enugu State. The researcher assistant was briefed on the modalities for distributing and collecting the questionnaire from the respondents on the spot. This ensured that the questionnaires were appropriately completed by the respondents. As result of this, all the questionnaire there was a 100% return of the questionnaire, and they were duly used for data analysis. Data generated were analyzed using mean and standard deviation while independent sample t-test analysis was used to test the hypothesis at 0.05 level of significance. Any item with mean value that is greater than or equal to 2.50 was considered as accepted while items with mean values less than 2.50 were considered as rejected. Null hypothesis was rejected if the *p*-value is less than 0.05, while it was upheld if *p*-value is greater than 0.05.

Results

Table 1: Mean with standard deviation responses of the respondents on how adult education enhance informed decision-making in evaluating medical pathways for medical tourists

SN	Item Statements	\bar{X}	SD	Decision
1	Adult education programmes equip medical tourists with essential knowledge about various medical procedures available abroad.	2.80	0.86	Accepted
2	Pre-travel education on post-treatment care helps medical tourists make informed healthcare decisions.	2.85	0.82	Accepted
3	Comparative analysis of healthcare options across different medical tourism destinations is enhanced through adult education.	2.70	0.81	Accepted
4	Awareness of healthcare regulations, patient rights, and legal	2.70	0.89	Accepted

	considerations through educational programmes influences treatment decisions in medical tourism.			
5	Financial literacy and healthcare planning workshops assist medical tourists in making informed financial decisions.	2.61	0.77	Accepted
6	Adult education provides critical insights into travel risks, including potential medical complications and legal concerns, for informed decision-making.	2.93	0.93	Accepted
7	Educational initiatives on patient rights and healthcare options empower medical tourists to make well-informed choices.	2.91	0.81	Accepted

Note: \bar{X} =Mean, SD=Standard Deviation, N = Number of Respondents=449

The results presented in Table 1 showed the mean with standard deviation responses of facilitators on how adult education enhances informed decision-making for medical tourists evaluating different medical pathways. The results in Table 1 indicate that adult educators perceived adult education as playing a crucial role in equipping medical tourists with the knowledge and skills necessary to make well-informed healthcare decisions ($\bar{X} > 2.5$). The findings indicate that adult education plays a significant role in improving informed decision-making among medical tourists, particularly by increasing awareness of medical procedures, post-treatment care, patient rights, travel risks, and comparative healthcare options.

Hypothesis 1: There is no significant difference in the mean ratings of male and female adult educators' perceptions on how adult education enhances informed decision-making in evaluating medical pathways for medical tourists

Table 2: t-test analysis of difference in respondents' responses on how adult education enhance informed decision-making in evaluating medical pathways for medical tourists

Facilitators	N	\bar{X}	SD	t-cal	df	p-value	Decision
Male	161	2.75	0.80	0.89	447	0.52	NS.
Female	288	2.84	0.88				

\bar{X} = Mean; SD = Standard Deviation; t-cal = t- calculated value; N = Number of respondents for each category; df = Degrees of freedom; Sig = Significant at 0.05 level.

This hypothesis was tested using an independent samples t-test to compare respondents' views on how adult education enhance informed decision-making in evaluating medical pathways for medical tourists. The analysis revealed no significant difference between the mean responses of male respondents ($\bar{X} = 2.75$, $SD = 0.80$) and female respondents ($\bar{X} = 2.84$, $SD = 0.88$), $t\text{-cal}$ (447) = 0.89, $p = 0.52$, at the 0.05 level of significance. Based on this result, the null hypothesis was retained, indicating that facilitators' perceptions on how adult education enhance informed decision-making in evaluating medical pathways for medical tourists do not significantly differ among respondents.

Table 3: Mean responses of respondents on how adult education programmes enhance cross-cultural competencies for individuals seeking medical treatment abroad

SN	Item Statements	\bar{X}	SD	Decision
1	Financial literacy and healthcare planning workshops within adult education programmes assist medical tourists in making informed financial decisions.	2.66	0.84	Accepted
2	Adult education programmes help individuals understand cultural norms and expectations in healthcare settings abroad.	2.78	0.89	Accepted

3	Language and communication skills acquired through adult education facilitate interactions with foreign healthcare providers.	2.85	0.91	Accepted
4	Cultural sensitivity training through adult education programmes improves patient-provider relationships in medical tourism.	2.82	0.86	Accepted
5	Adult education enhances awareness of ethical considerations and healthcare etiquette in different cultural contexts.	2.74	0.83	Accepted
6	Understanding financial aspects, such as medical cost variations and insurance policies, is improved through adult education programmes.	2.70	0.81	Accepted

Note: \bar{X} =Mean, SD=Standard Deviation, N = Number of Respondents=449

From Table 2, it can be seen that all item statements 1-6, all have their mean values greater than 2.5. This indicated that adult educators agree that all the listed factors contribute to how adult education programmes enhance cross-cultural competencies for individuals seeking medical treatment abroad. Building on this, the findings show that adult education programmes significantly contribute to enhancing cultural awareness, improving communication, fostering ethical understanding, and supporting financial decision-making among medical tourists. These competencies are crucial for ensuring a positive and informed healthcare experience in foreign countries.

Hypothesis 2: There is no significant difference in the mean ratings of male and female adult educators on how adult education programmes enhance cross-cultural competencies for individuals seeking medical treatment abroad

The Results of Hypothesis 2 are presented on table 4

Table 4: t-test analysis of difference in respondents' responses on how adult education programmes enhance cross-cultural competencies for individuals seeking medical treatment abroad

Facilitators	N	\bar{X}	SD	t-cal	Df	p-value	Decision
Male	161	2.80	0.84	1.42	447	0.21	NS.
Female	288	2.74	0.87				

\bar{X} = Mean; SD = Standard Deviation; t-cal = t- calculated value; N = Number of respondents for each category; df = Degrees of freedom; Sig = Significant at 0.05 level.

An independent samples t-test was conducted to examine respondents' perceptions on how adult education programmes enhance cross-cultural competencies for individuals seeking medical treatment abroad. The results showed no significant difference between the mean responses of male respondents (\bar{X} = 2.80, SD= 0.84) and female respondents (\bar{X} = 2.74, SD = 0.87), t_{cal} (447) = 1.42, p = 0.21, at the 0.05 level of significance. Consequently, the null hypothesis was upheld, suggesting that facilitators' views on how adult education programmes enhance cross-cultural competencies for individuals seeking medical treatment abroad does not differ among respondents.

Table 5: Mean responses of the respondents on adult education enhances patient experience in medical tourism

S/N	Item Statements	\bar{X}	SD	Decision
1.	Adult education on treatment options increases patients' confidence in making medical tourism decisions.	2.74	0.87	Accepted
2.	Knowledge acquired from adult education programmes enhances the overall experience of medical tourists.	2.87	0.92	Accepted
3.	Adult education on hospital safety protocols provides a sense of security for patients seeking treatment abroad.	2.72	0.81	Accepted

4.	Training on potential complications and risks prepares medical tourists for treatment in foreign healthcare facilities.	2.81	0.94	Accepted
5.	Adult education programmes improve patients' ability to assess the quality of medical care received abroad.	2.69	0.84	Accepted
6.	Pre-travel education programmes influence patients' satisfaction with post-treatment care and follow-up services.	2.93	0.97	Accepted
7.	Learning about patient safety measures in medical tourism destinations helps individuals make informed healthcare decisions.	2.59	0.77	Accepted
8.	Access to adult education programmes reduces anxiety about seeking medical care in foreign countries.	2.82	0.85	Accepted

Note: \bar{X} =Mean, SD=Standard Deviation, N = Number of Respondents=449

The results in Table 5 indicate that all item statements were accepted, suggesting that adult education plays important roles in improving patient's experience in medical tourism ($\bar{X} > 2.5$). That is, adult education enhances patient confidence in decision-making, provides knowledge about hospital safety protocols, prepares patients for potential risks, and improves their ability to assess healthcare quality abroad. Additionally, pre-travel education and training on patient safety measures contribute to greater satisfaction with post-treatment care and reduce anxiety about seeking medical services in foreign countries.

Discussions

Table 1 revealed that respondents agreed that adult education enhances informed decision-making for medical tourists, as all items had mean scores above 2.50. This suggests a strong agreement among facilitators that adult education programmes equip individuals with critical knowledge necessary for evaluating medical options abroad. This finding is supported by Stacey et al. (2017), who emphasize that decision aids improve patient knowledge, reduce decisional conflict, and support well-informed healthcare choices. Similarly, Agboeze and Nwankwo (2013) affirm that adult education equips medical tourists with practical knowledge about procedures, post-treatment care, and financial decision-making. This aligns with the item in Table 1 that shows adult education enhances financial literacy and planning, a key component in evaluating treatment abroad. The hypothesis tested showed no significant difference in the mean ratings of male and female facilitators, indicating a consensus across gender lines about the role of adult education in improving decision-making.

Table 3 revealed that adult education was perceived to enhance cross-cultural competencies, with mean scores above 2.50. Respondents agreed that education on cultural norms, healthcare etiquette, and language improves interactions in foreign medical environments. This finding is consistent with Connell (2015), who emphasized the importance of cultural competence in reducing miscommunication and improving healthcare experiences abroad. Crooks et al. (2011) also found that cultural training and language education increased comfort and reduced anxiety for medical tourists. The tested hypothesis showed no significant gender-based difference, indicating that both male and female facilitators equally perceive the value of adult education in cross-cultural preparation. Table 5 revealed that adult education significantly contributes to improving the patient experience, with mean scores between 2.59 and 2.93. Respondents agreed that adult education increases patient confidence, prepares individuals for potential

complications, and improves satisfaction with post-treatment care. This supports Berger et al. (2014), who noted that patients educated on safety protocols and treatment expectations are more likely to engage actively in their care, reducing the risk of medical errors. Moreover, Hanefeld (2015) emphasized that patients familiar with accreditation and institutional standards are more likely to select high-quality medical facilities, aligning with item 5 and 7 of Table 5.

Conclusion

This study highlights the importance role of adult education in guiding medical tourists to make informed decisions regarding their healthcare options. By enhancing health literacy, adult education enables individuals to evaluate medical pathways critically, understand treatment risks and benefits, and navigate post-treatment care effectively. Beyond decision-making and cross-cultural competency, adult education plays a crucial role in improving the overall patient experience in medical tourism. By increasing awareness of financial planning, hospital safety protocols, and accreditation standards, adult education promotes confidence, reduces decisional conflict, and enhances patient engagement in healthcare processes.

Recommendations

Based on the findings, the following recommendations were made:

1. Governments, healthcare providers, and educational institutions should develop structured adult education programmes that incorporate health literacy initiatives, decision aids, and comparative healthcare resources. These programmes should focus on educating medical tourists about treatment risks, benefits, and post-care requirements through digital platforms, workshops, and counseling services to ensure well-informed healthcare decisions.
2. Adult education programmes should integrate cross-cultural training modules that address language barriers, cultural norms, patient rights, and ethical considerations in foreign healthcare settings. Pre-travel educational sessions, cultural immersion resources, and multilingual patient support services should be provided to help medical tourists navigate different healthcare environments effectively and minimize communication challenges.
3. Stakeholders in medical tourism, including healthcare providers and policymakers, should implement structured education initiatives that emphasize financial literacy, hospital safety protocols, and accreditation awareness.

REFERENCES

- Agboeze, M. U., & Nwankwo, E. A. (2013). Community development and tourism: A socio-economic analysis of tourism impacts in Bauchi. *Journal of Economics and Sustainable Development*, 4 (10), 115–123.
- Ashraf, J., & Haya, Y. (2025). *Transforming medical tourism through digital advancements*. <https://doi.org/10.4018/979-8-3693-7888-5.ch017>.
- Berger, Z., Flickinger, T. E., Pfoh, E., Martinez, K. A., & Dy, S. M. (2014). Promoting engagement by patients and families to reduce adverse events in acute care settings: A systematic review. *BMJ Quality & Safety*, 23(7), 548–555. <https://doi.org/10.1136/bmjqs-2012-001769>
- Berkman, N. D., & Donahue, K. (2011). Health literacy interventions and outcomes: An update of the literacy and health outcomes systematic review of the literature. RTI International-University of North Carolina Evidence-Based Practice Center.

- Bulatovic, I., & Iankova, K. (2021). Barriers to medical tourism development in the United Arab Emirates (UAE). *International Journal of Environment Resource and Public Health*, 2, 18(3), 1365.
- Chen, L. H., & Wilson, M. E. (2013). The globalization of healthcare: Implications of medical tourism for the infectious disease clinician. *Clinical Infectious Diseases*, 57(12), 1752–1759. <https://doi.org/10.1093/cid/cit540>.
- Connell, J. (2015). From medical tourism to transnational health care? An epilogue for the future. *Social Science & Medicine*, 124, 398–401.
- Crooks, V. A., Kingsbury, P., Snyder, J., & Johnston, R. (2010). What is known about the patient's experience of medical tourism? A scoping review. *BMC Health Services Research*, 10, 266. <https://doi.org/10.1186/1472-6963-10-266>.
- Crooks, V. A., Turner, L., Cohen, I. G., Bristeir, J., Snyder, J., Casey, V., & Whitmore, R. (2013). Ethical and legal implications of the risks of medical tourism for patients: a qualitative study of Canadian health and safety representatives' perspectives. *BMJ Open*. 3(2):e002302. doi: 10.1136/bmjopen-2012-002302. PMID: 23396563; PMCID: PMC3586128.
- Hanefeld, J. (2015). *Globalization and health*. Open University Press.
- International Medical Travel Journal. (2017). *Sweden medical tourism research reports*. Retrieved from <https://www.imtj.com/news/sweden-medical-tourism-research-reports/>.
- Johnston, R., Crooks, V. A., Snyder, J., & Kingsbury, P. (2010). What is known about the effects of medical tourism in destination and departure countries? A scoping review. *International Journal for Equity in Health*, 9(1), 1–13. <https://doi.org/10.1186/1472-6963-10-266>.
- Lee, S. (2025). *Medical tourism essentials*. <https://www.numberanalytics.com/blog/medical-tourism-essentials>.
- Lunt, N., Smith, R., Exworthy, M., Green, S.T., Horsfall, D. & Mannion, R. (2011). *Medical tourism: Treatments, markets and health system implications: A scoping review*. Retrieved from <https://www.oecd.org/els/health-systems/48723982.pdf>.
- Maheshwari, S., Animasahun, B.A., & Njokanma, O.F. (2012). International patients with congenital heart disease: What brings them to India? *Indian Heart Journal*, 64(1), 3-50.
- Obeta, C. K., & Oreh, C. I. (2017). Utilising planning and financing strategies in the management of Community Development Projects in Enugu State, Nigeria. *Africa Education Review*, 14(3-4), 52-66. <https://doi.org/10.1080/18146627.2016.1224565>.
- Snyder, J., Crooks, V. A., & Johnston, R. (2012). Perceptions of the ethics of medical tourism by Canadian patients: Comparing patient and academic perspectives. *Public Health Ethics*, 5(1), 38–46.
- Stacey, D., Légaré, F., Lewis, K., Barry, M. J., Bennett, C. L., Eden, K. B., Holmes-Rovner, M., Llewellyn-Thomas, H., Lyddiatt, A., Thomson, R., & Trevena, L. (2017). Decision aids for people facing health treatment or screening decisions. *Cochrane Database of Systematic Reviews*, (4), CD001431. <https://doi.org/10.1002/14651858.CD001431.pub5>
- Ugwu, A. M., & Nwankwo, E. A. (2013). Quality learning at tourist destinations: The nexus of tourism and adult education. *Research on Humanities and Social Sciences*, 3(2), 100-107.